PATE	T APPLICATION	V FEE DETERMIN	Spond to a gottection of	Approved for of Tyademark Office Information unfer	oc; U.S. DEF	ARTMENT 9 Valid OMI	OF COMING OF COM
Under the Peristwork Reduction Act of 1995, no persons are required to respond to a collection of information under PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876					Application or Docket Number		
APP	LICATION AS FILE	ED-PARTI			11.17	<u>nai</u>	19
· FOR.	(Oolumn 1)	(Oolumn 2)	SMAL	L ENTITY .	OR .	OTHE	R THAN ENTITY
BASIO FEE	NUMBER FILED	. NUMBER EXTRA	RATE (8)	. FEE (#)			-
97. OFR 1.18(a), (b), or (d)) SEARCH FEE		· ·		10-10	-	RATE (1)	FEE
SY OFR 1.(6(K), (f), or (m)) XAM(NATION FEE		, and					<u> </u>
OTAL OLAIMS				-	<u> </u>		
87 OFR 1.16(1))	minus 20		1	-			
YDEPENDENT CLAIMS 17 OFR 1.18(H)	eninus 8		× 25.		OR X	57 .	*
PPLICATION SIZE	If the specification	and decadores are the	× /07 =		×c	500.	
TECATION SIZE EE 7 CFR 1.16(s))	Is \$250 (\$125 for en	application size fee du	0				
(a)	WYWINDHAI DU EDAAFO	or fraction thereof. Se. 3) and 37 CFR 1.16(s).	e	1 1			•
ULTIPLE DEPENDENT C	AM PRESENT AT A	3) and 37 CFR 1.16(s).					. •
MULTIPLE DEPENDENT CLAIM PRESENT (97 CFR-1.160)						360	
If the difference in column 1 is less than zero, enter '0' in column 2. TOTAL					<u>- ا</u>		
APPLICAT	TON AS AMENDE	D-PARTII	•		."	OTAL L	
<u>1-07</u> -06 (00	lumn 1)	(Column 2) (Column 3					: :
0	LAIMS MAINING	HIGHEST	- OWNER'S	ENTITY	OR .:	OTHER T SMALL EN	MAH. YTITV
PILL INC.	FTER	NUMBER PRESENT REVIOUSLY EXTRA	RATE (\$)	ADDI-	ι.	TÉ (\$)	ADDI
Total : 4	Minus •	PAID FOR	-	FEE (\$)			TIONAL FEE (\$)
Total Grant Lienii Independent Grant Lienii Application Size Fee (3	Minus **		x 0.65 =	c	R X	50 =	(CE (4)
Application Size Fee (3	7, CFR 1,16(s))	<u> </u>	× 10 V	。	RXO	200	- 1
	FMULTIPLE DEPENDENT	MAIN WATER	1100	1			<u> </u>
		The brock the	TOTAL	0	R 30	e0	
			ADD'L FEE	Of	TOTAL PODE	FFF	
CU	MMS	(Column 2) (Column 3)					
AF	TER " PR	NUMBER PRESENT EVIOUSLY EXTRA	RATE (\$)	ADDI-	RATE		
Total	OMENT. Minus **	AID FOR		TIONAL FEE (\$)	ionie	· 1	ADDI- MONAL
tridependent	Minus ***	=	X =	OR		. 1	EE (\$)
Application Size Fee (37		=	Х =		-	·	
				OR	×	=	·
FIRST PRESENTATION OF	MULTIPLE DEPENDENT O	LAIM (37 OFR 1.16(II)	·	OR			
÷			TOTAL		TOTAL		,
If the entry in column 1 is	less than the entry in co	lumn 2, write "0" in column 118 SPACE is less than 20;	ADD'L FEE	OR	ADD'L FO	EE .	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS